

Merger Mania Spring 2003

“We can change without improving, but we cannot improve without changing.”

Our Mission Statement:

To plan, develop, provide and evaluate the public statewide system of care for children with developmental delays and children with special health care needs.

Phase III, which began in may 2002, represents merger and redesign of the Commission's program for children with special health care needs and the First Steps program.

Phase III is about the merger of both programs and the future of this agency as a system that supports and provides coordinated health and developmental services for children birth to age 21.

Phase III is about creating an ideal future...

In order to plan for the future, we must answer the question:

Given the past and present context, what are the key challenges to operationally achieving our goals for the future?

Four workgroups of staff and stakeholders were convened:

***Intake and Eligibility
Service Planning
Service Delivery
Evaluation & Outcomes***

The workgroups were challenged to think creatively within a context that:

- Recognizes there always will be different programs in the Commission, but that these programs be integrated to the extent possible
- Is systems-focused in that it looks at health and education from a broad-based perspective that involves many partners at many levels working collaboratively
- Focuses on the life of a child and family from birth to age 21

- Acknowledges the role of that the child's school plays in the child and family's life
- Provides an opportunity for Title V, First Steps, and our partners to learn and expand our knowledge beyond a particular program or area of expertise
- Not only identifies challenges, but goes to the root causes of the problems
- Results in recommendations which will position the agency to integrate programs to the extent possible without disruption in services to children and their families
- Meets the expectations of our funders and other stakeholders

Intake and Eligibility:

Charged with the redesign of the policy and procedures for finding children, processing their intake, determining eligibility and streamlining the eligibility criteria for children in both programs.

Service Planning:

Redesign the policy and procedures for assessment, service planning, IFSP development, treatment plans, service guidelines and authorizations.

Service Delivery:

Redesign the policy and procedures regarding personnel, covered services, service coordination, care coordination, billing/fees, provider enrollment and family share.

Evaluation & Outcomes

Redesign the policy and procedures regarding assuring compliance with federal and state mandates, quality of care provided, consumer satisfaction, and child progress and outcomes.

The Phase III process consisted of five simple tasks:

- ◆ *Review the past*
- ◆ *Explore the present*
- ◆ *Create an ideal future*
- ◆ *Identify common ground*
- ◆ *Develop recommendations*

Personal visions and expectations were translated into a consolidated vision statement.

- Provide appropriate and high quality services
- Plan, develop, implement and maintain a single point of entry
- Achieve accessibility of technology across programs for useful data
- Create a seamless family-centered service system
- Pursue full utilization of all fiscal resources

- Provide services within established time frames
- Develop a well-trained workforce that is administratively supported
- Inform, educate, and involve families at all levels
- Foster positive impressions in the community
- Plan, develop, implement, and maintain regulations and clear and consistent policies and procedures

The process provided an opportunity for organizational learning and thinking “outside the box.”

For some of us, this was not as easy as it sounds. For others, it was a creative challenge.

It begs the question : “Am I ready to accept and participate in change?”

Phase III provided an opportunity to consider the forces that influence and shape our programs. Some of these forces are relatively stable or fixed, but others are also undergoing rapid change.

The workgroups considered:

- State government mandates
- Federal mandates and other requirements for receiving federal funds
- State and Federal initiatives
- Stakeholder interests
- Preferences, needs, and expectations of the families we serve and other constituents

The external and internal forces that shape our programs, include (but are not limited to):

- Cabinet Strategic Plan
- Title V Performance Measures
- IDEA, Part C
- KIDS Now
- State Board of Education Goals

Cabinet Strategic Plan

SB 239 02RS was signed into law on April 2, 2002. It requires each cabinet to submit a four-year strategic plan to the state budget director, the secretary of the Executive Cabinet, and LRC with each biennial budget request. Also requires submission of progress reports and the provision of a public, searchable database.

CCSHCN's plan must align with the Cabinet for Health Services goals:

- 1. Maximize resources**
- 2. Improve Kentuckian's Health Status and Quality of Life**
- 3. Improve our Service Delivery**
- 4. Empower our Workforce**
- 5. Achieve a Secure and Integrated Technology System**

CCSHCN's plan must conform to requirements dictated by our federal funders:

- *Title V Maternal Child Health Block Grant – Performance Measures*
- *IDEA, Part C - State Early Intervention System*
- *IDEA, Part C – Self-Assessment and Continuous Improvement Monitoring Plan*
- *Other Federal Grants such as Healthy and Ready to Work (KY Teach), State Improvement Grant (First Steps professional development grant), etc.*

The plan must align with other Federal and State initiatives and stakeholder interests, such as:

- *KIDS Now*
- *KY (State) Board of Education Goals*

Also, three emerging initiatives that were not considered in Phase III:

- *New Freedom Initiative*
- *No Child Left Behind*
- *Good Start, Grow Smart*

Governor's Early Childhood Initiative



Kentucky Invests in Developing Success

Kentucky Board of Education

- Every student in school and making strong progress
- Every student achieving at high levels
- Every student reading at or above proficient level
- Every KDE employee working to enhance student success

- Every school is accountable
- Every graduate ready for post-secondary education and/or work
- Every child and teacher in a safe and caring environment
- Every child who is behind receiving increased supports
- Every family involved in their child's learning
- Every community involved in children's learning

New Freedom Initiative



The New Freedom Initiative

A plan to ensure that all Americans have opportunity to learn and develop skills, engage in productive work, make choices about their daily lives and participate fully in community life

<http://www.hhs.gov/newfreedom/init.html>

New Freedom Initiative Goals

- Increase access to assistive and universally designed technologies
- Expand educational opportunities
- Promote home ownership
- Integrate Americans with disabilities into the workforce
- Expand transportation options
- Promote full access to community life

No Child Left Behind



Focus on student achievement
Focus on school accountability

Progress towards meeting state standards must be measured and reported for all students, including students who are economically disadvantaged, from racial or ethnic minorities, have disabilities, or have limited English proficiency

Good Start, Grow Smart

- Focus on early literacy, language, pre-reading and numeracy skills for children ages 3-5 so that children are able to succeed in kindergarten
- Intended to create linkages among the State Child Care & Development Block Grant (CFC) and public and private efforts to promote early learning

Collectively, with our partners, we are working to launch the next generation:

Children are healthy and ready to learn, youth are healthy and ready to work and have full access to community life and independent living

Each of us has a stake in the merger and a role in its success.

Each of us, as individuals and as members of a larger community, impacts the life of a child and family through the actions we take. This is the essence of systems theory, which is at the heart of Phase III.

Phase III is not an end point, but a beginning. We have a set of recommendations, which when taken, will strengthen our capacity to serve children and families.